Complete and send this form, together with applicable fee(s) MAY 2 5 2005			ee(s), to: <u>Mail</u> or <u>Fax</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
appropriate. All further confindicated unless corrected by maintenance fee notification	should be used for transespondence including the clow or directed otherwises.	Patent, advance or in Block 1, by (a	TE FEE and PUB ders and notificat ) specifying a new	LICATION FEE (if re ion of maintenance fee w correspondence addre	quired). Blocks I through 5 s will be mailed to the currer ess; and/or (b) indicating a se	should be completed where at correspondence address as parate "FEE ADDRESS" for
	E ADDRESS (Note: Use Block 1 for 90 02/23/2005	r any change of address)		Note: A certificate Fee(s) Transmittal. papers. Each additional have its own certification.	of mailing can only be used This certificate cannot be used onal paper, such as an assignreate of mailing or transmission	for domestic mailings of the l for any other accompanying ment or formal drawing, must
ATTN: PATRICK 2600 ARAMARK 1101 MARKET ST	TOWER REET	•		I hereby certify that States Postal Service addressed to the N	Certificate of Mailing or Tract this Fee(s) Transmittal is being with sufficient postage for Mail Stop ISSUE FEE address SPTO (703) 746-4000, on the	ng deposited with the United irst class mail in an envelope is above, or being facsimile
PHILADELPHIA,			Patricia M	i Frisoli	(Depositor's name)	
05/26/2005 #ABDELF	R3 00000108 <b>0</b> 9456278			Saturis	M. Fred	(Signature)
01 FC:1501		.00 DP		May 23, 20		(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/456,278 12/07/1999 Jesus M				nda	P24,540 USA	6233
TITLE OF INVENTION: TI	RANSDERMAL PATCH F	OR DELIVERING	VOLATILE LIQ	UID DRUGS		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	)	\$0	\$1400	05/23/2005
EXAMINER		ART UN	ART UNIT CLASS-SUB			
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(A) NAME OF ASSIGNI	an assignee is identified b 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear of a substitute for f	•• •		document has been filed for
Please check the appropriate	assignee category or category	orics (will not be pri	inted on the patent	t): 🗖 Individual 🖺	Corporation or other private g	roup entity Government
4a. The following fee(s) are	The state of the s		. Payment of Fee(	s):		
Issue Fee	mall andies die	-4\		amount of the fee(s) is enclosed.  dit card. Form PTO-2038 is attached.		
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5. Change in Entity Status	(from status indicated above MALL ENTITY status. See	•	h Applicant	e no longer eleimine Chi	IALL ENTITY status. See 37	CER 1 27(a)(2)
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Authorized Signature			Date May 23, 2005			
Typed or printed name Joshua R. Slavitt			Registration No. 40,816			
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